

1. CIR./DIST./DIV. CODE TNW		2. PERSON REPRESENTED Clark, Gregory B.		VOUCHER NUMBER																																																																																																																																																								
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:05-010008-001		5. APPEALS DKT./DEF. NUMBER																																																																																																																																																								
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. Clark		8. PAYMENT CATEGORY Felony																																																																																																																																																								
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																																																																										
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 841A=CD.F -- CONTROLLED SUBSTANCE - SELL, DISTRIBUTE, OR DISPENSE																																																																																																																																																												
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS York, Jon Pentecost Glenn & Rudd, PLLC 106 Stonebridge Blvd. Jackson TN 38305  Telephone Number: (731) 668-5995			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input checked="" type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input checked="" type="checkbox"/> Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court <u>05/09/2005</u> Date of Order _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																									
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																																																												
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CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment          Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO          Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets.          I swear or affirm the truth or correctness of the above statements.          Signature of Attorney: _____ Date: _____       </td> </tr> <tr> <td>23. IN COURT COMP.</td> <td>24. OUT OF COURT COMP.</td> <td>25. TRAVEL EXPENSES</td> <td>26. OTHER EXPENSES</td> <td colspan="2">27. TOTAL AMT. 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FILED BY \_\_\_\_\_ DC

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## Notice of Distribution

This notice confirms a copy of the document docketed as number 16 in case 1:05-CR-10008 was distributed by fax, mail, or direct printing on May 12, 2005 to the parties listed.

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Angela R. Scott  
State Attorney General's Office  
P.O. Box 2825  
Jackson, TN 38302

Honorable James Todd  
US DISTRICT COURT